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APR 2 - 2013

CITY OF MAYWOOD



STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) 2013 APR 11 AM 10:40 (FIRST) (MIDDLE)
Vareh Edward

1. Office, Agency, or Court

Agency Name CITY OF MAYWOOD Council Member
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: LA COUNTY SANITATION DISTRICT, Greater LA County Vector Control Dist. Position: COMMITTEE MEMBER COMMITTEE MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☒ City of Maywood ☐ Other

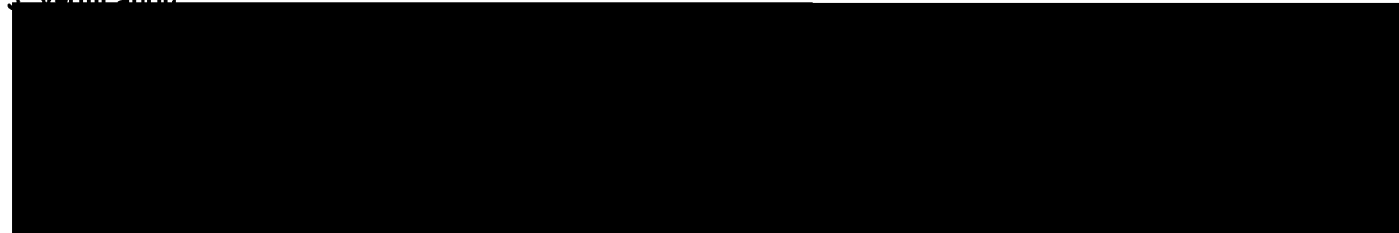
3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is through December 31, 2012
☐ Leaving Office: Date Left (Check one)
○ The period covered is January 1, 2012, through the date of leaving office.
○ The period covered is through the date of leaving office.
☐ Assuming Office: Date assumed
☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page:
☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/2/2013
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|-------------------------------------|
| CALIFORNIA FORM 700 |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name _____ |

| | |
|--|---|
| 1. BUSINESS ENTITY OR TRUST | |
| Name <u>Edward Varela</u> | |
| Address (Business Address Acceptable) <u>4634 E. 58th St</u> | |
| Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | |
| FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other | |
| YOUR BUSINESS POSITION _____ | |

| | |
|---|---|
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | |
| <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 | <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |

| | |
|---|--|
| 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) | |
| <input type="checkbox"/> None | |
| <u>Industrial Pharmacy Management QBC Inc,</u> | |
| <u>4601 Wilshire Blvd. South Coast Interpreting,</u> | |
| <u>Dr. Ali Diminon, Med Legal LLC</u> | |

| | |
|--|---|
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY | |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____ | |
| Description of Business Activity or City or Other Precise Location of Real Property _____ | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED |
| NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

| | |
|--|---|
| 1. BUSINESS ENTITY OR TRUST | |
| Name <u>Edward Varela</u> | |
| Address (Business Address Acceptable) <u>4634 E. 58th St</u> | |
| Check one <input checked="" type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | |
| FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other | |
| YOUR BUSINESS POSITION _____ | |

| | |
|---|--|
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | |
| <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |

| | |
|---|--|
| 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) | |
| <input type="checkbox"/> None | |
| | |
| | |
| | |

| | |
|---|---|
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY | |
| <u>4634 E. 58th St Marquardt Ca 90290</u> | |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____ | |
| Description of Business Activity or City or Other Precise Location of Real Property <u>Home</u> | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED |
| NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name _____ |

| 1. INCOME RECEIVED | 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME <u>South Coast Interpreting</u> | NAME OF SOURCE OF INCOME <u>Dr. Ali Dim MD</u> |
| ADDRESS (Business Address Acceptable) <u>PO Box 4081 Orange CA</u> | ADDRESS (Business Address Acceptable) <u>4415 W. Pico Blvd LA, CA</u> |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Interpreting / Collections</u> | BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Medical / Collections</u> |
| YOUR BUSINESS POSITION <u>Hearing Rep.</u> | YOUR BUSINESS POSITION <u>Hearing Rep</u> |
| GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe) |

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

| | |
|---|---|
| NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe) |
|---|---|

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ |
|---|

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Industrial Pharmacy MGT

ADDRESS (Business Address Acceptable)

2017 Azusa Costa Mesa

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmacy MGT/Collections

YOUR BUSINESS POSITION

Hearing Representative

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☒ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

QBC

ADDRESS (Business Address Acceptable)

4601 Wilshire Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Collections Management

YOUR BUSINESS POSITION

Hearing Representative

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☒ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☒ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

